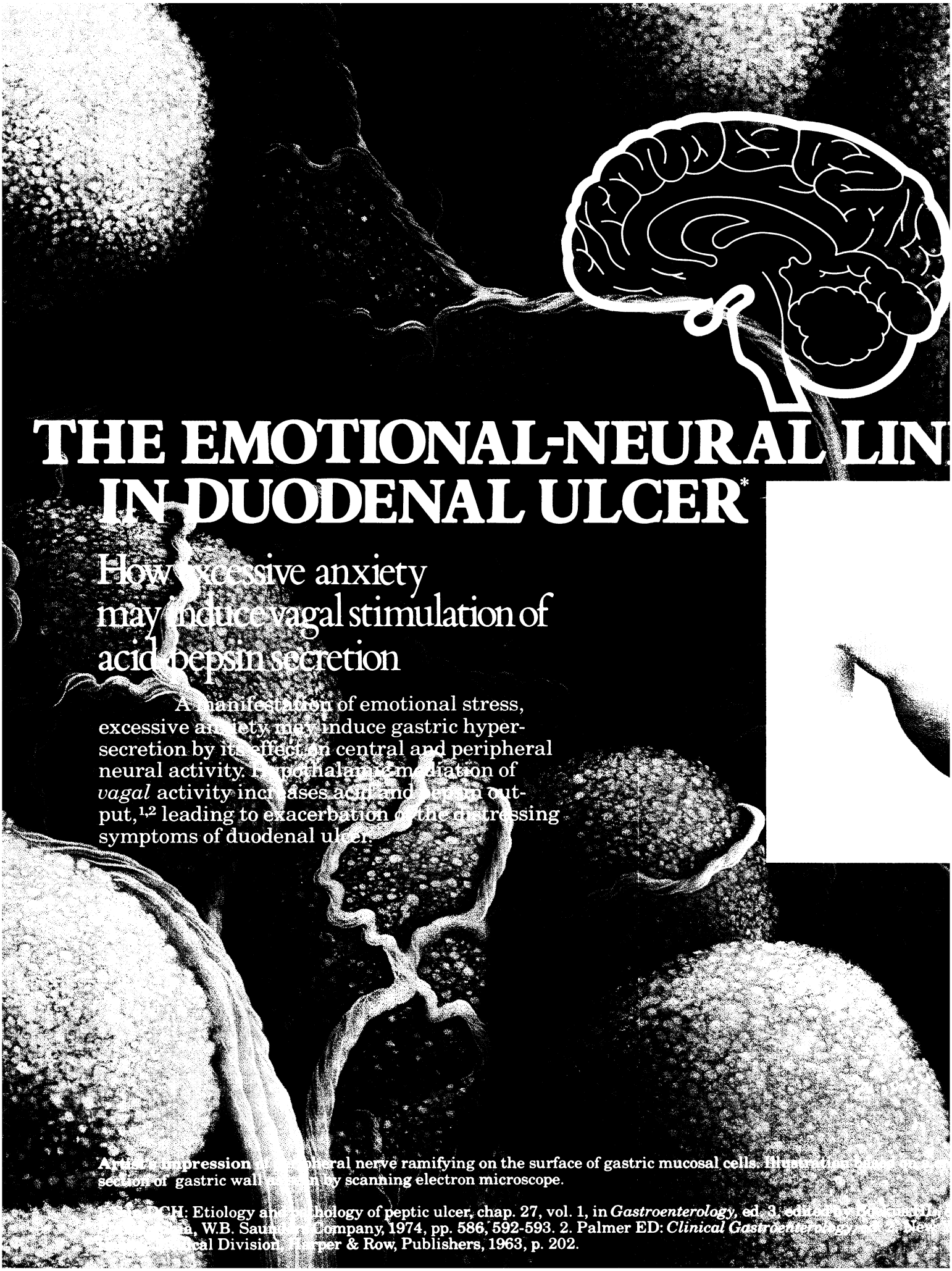


THE EMOTIONAL-NEURAL LIN
IN DUODENAL ULCER*

How excessive anxiety may induce vagal stimulation of acid-pepsin secretion

A manifestation of emotional stress, excessive anxiety may induce gastric hypersecretion by its effect on central and peripheral neural activity. Hypothalamic mediation of *vagal* activity increases acid and pepsin output,[1,2] leading to exacerbation of the distressing symptoms of duodenal ulcer.

Artist's impression of peripheral nerve ramifying on the surface of gastric mucosal cells. Illustration based on section of gastric wall [illegible] by scanning electron microscope.

[illegible]CH: Etiology and pathology of peptic ulcer, chap. 27, vol. 1, in *Gastroenterology*, ed. 3, ed[illegible]a, W.B. Saunders Company, 1974, pp. 586, 592-593. 2. Palmer ED: *Clinical Gastroenterology*, [illegible] Medical Division Harper & Row, Publishers, 1963, p. 202.

THE CLEAR ADVANTAGES OF ADJUNCTIVE LIBRAX

- Specific antianxiety action of LIBRIUM® (chlordiazepoxide HCl)
- Potent antisecretory-antispasmodic actions of QUARZAN® (clidinium Br)
- Single Rx and dosage schedule favoring sustained patient compliance

Librax®

Each capsule contains
5 mg chlordiazepoxide HCl
and 2.5 mg clidinium Br.

antianxiety/antisecretory/antispasmodic

*Librax has been evaluated as possibly effective for this indication.
Please see brief summary of prescribing information on following page.

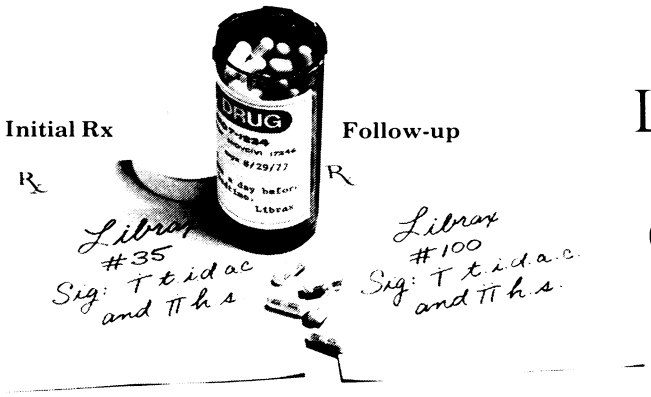
ROCHE

In duodenal ulcer* therapy adjunctive Librax®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

reduces excessive anxiety and associated hypersecretion

through the antianxiety action of LIBRIUM® (chlordiazepoxide HCl) through the antisecretory effect of QUARZAN® (clidinium Br)



The initial prescription allows evaluation of patient response to therapy.

Follow-up therapy with a prescription for a 2- to 3-week supply of medication usually helps maintain patient gains.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.

Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide HCl) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergics, inhibition of lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Dosage: Individualize for maximum benefit. Usual maintenance dose is 1-2 capsules, 3-4 times/day, before meals and at bedtime. Geriatric patients—see Precautions.

How Supplied: Available in green capsules, each containing 5 mg chlordiazepoxide HCl (Librium®) and 2.5 mg clidinium Br (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, singly and in trays of 10.

ROCHE

Roche Products Inc.
Manati, Puerto Rico 00701

Personally, Steve could never speak up for milk.

In TV commercials, you'll often see people speaking up for milk. Steve Allen and his wife Jayne Meadows are also seen on TV telling viewers about Mocha Mix... 100% milk free!

Matter of fact, this non-dairy creamer would have been found in their home way before they ever filmed the Mocha Mix series of commercials. Steve is allergic to milk products. Yet, he likes the splash of luxury and fresh taste in his coffee, on cereal, fruit and dessert, even in cooking. For the Allen household, Mocha Mix is the perfect answer.

It could well be the answer for many people who rely on you for their dietary needs, those with an allergy similar to Steve's, or a lactose intolerance. And, for many who must maintain a fat-restricted diet you should know that Mocha Mix is one non-dairy creamer that contains no coconut oil, giving it the highest ratio of unsaturated to saturated fat of any creamer. It easily exceeds the accepted standard 2:1 ratio. It's 100% cholesterol free, too. No wonder Mocha Mix is not just another non-dairy creamer, but the one you can rely on most for your patients who can't speak for milk, either.

NUTRITION INFORMATION

Portion Size 1 Fluid Ounce (2 Tbs.)	
Servings Per Container	16
Calories	40
Protein	0 grams
Carbohydrate	3 grams
Fat	3 grams
Percent of Calories from Fat	73%
Polyunsaturated Fat	1 gram
Saturated Fat	0 grams
Cholesterol (A) (0 mg/100g)	0 mg

In addition to the pint and quart size found in the dairy case of most grocery stores, Mocha Mix is available in 4 ounce and ½ oz. portion packs for hospitals and institutions.

Interested? Send us a note and we will send you a supply of coupons your patients can redeem at their grocers. Hospital service may also be supplied upon request. Mail to: Mocha Mix Dept. Presto Food Products, Inc. P.O. Box No. 21908, Los Angeles, Calif. 90021

Percentage of U.S. Recommended Daily Allowance (U.S. RDA)*

*Contains less than 2% of the U.S. RDA of Protein, Vitamin A, Vitamin C, Thiamine, Riboflavin, Niacin, Calcium, Iron.

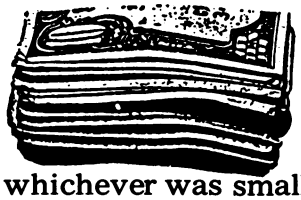
AInformation on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

mocha mix®

... the non-dairy creamer that's lowest in saturated fat.

SOMETHING NEW FROM HOME FEDERAL

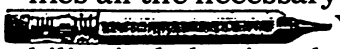
If you're not familiar with Keogh, it's a plan that allows a self-employed person the opportunity to accumulate a tax-deferred retirement fund. Up to now, the amount that could be set aside each year was limited to $7,500, or 15% of income, whichever was smaller.



Now you can actually contribute up to $14,900 tax deferred dollars each year at Home Federal. That's exciting news—and there's more.

No paperwork for you.

Under this new plan, the administrator files all the necessary paperwork.



Your only responsibility is deducting the amount of your contribution from your income tax return. Which is more fun than work.

If you already have Keogh—Compare

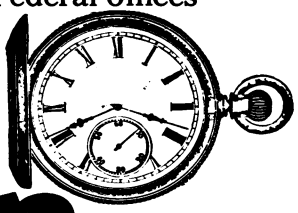
An increased contribution means an increased retirement benefit—and an increased tax benefit. Two strong reasons to compare your present Keogh program with this new one. We'll be happy to help you at any office of Home Federal Savings. Check the Yellow Pages for the office nearest you.

Now you can catch up

If you've put off building a personal retirement fund, the larger contribution allowed by this new program may be just the ticket to reach your desired goal.

Hurry! December 31, deadline

Like all Keogh plans, the new one must be opened by December 31, to provide tax deferral advantages for your 1978 return. All Home Federal offices are open on Saturdays for your convenience in opening your Keogh retirement account



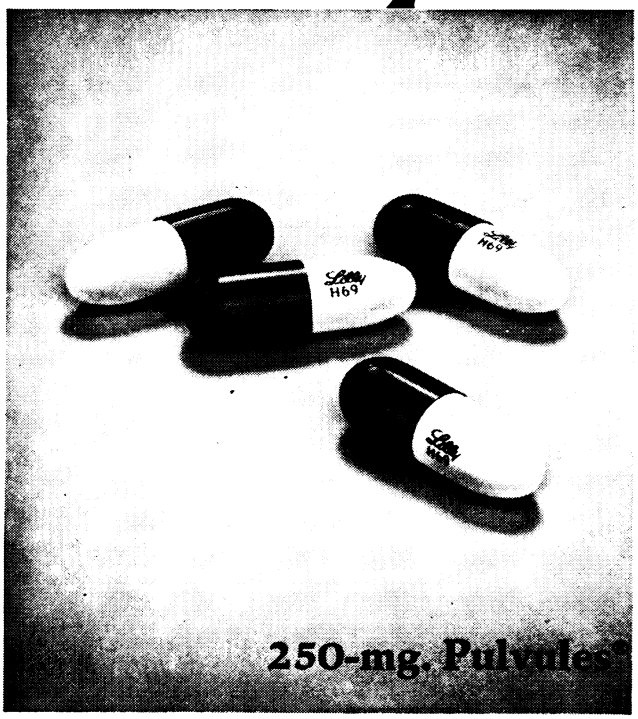
Now you can put away up to $14,900 a year in Keogh

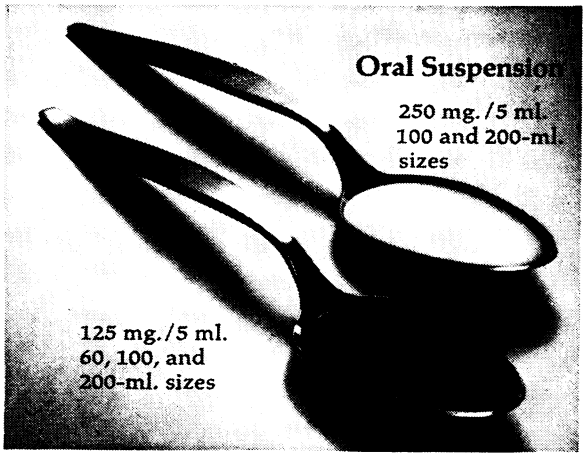
HOME FEDERAL SAVINGS of San Diego

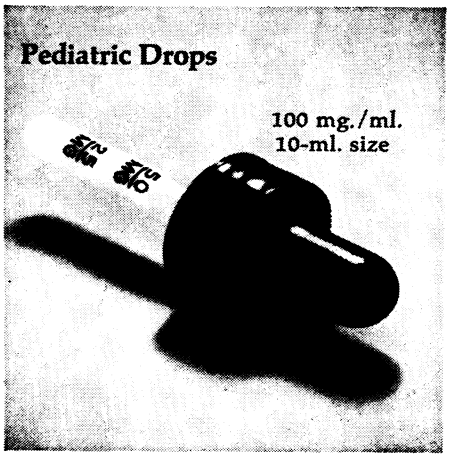
Home Federal Country

Home Federal Savings and Loan Association of San Diego

easy to take





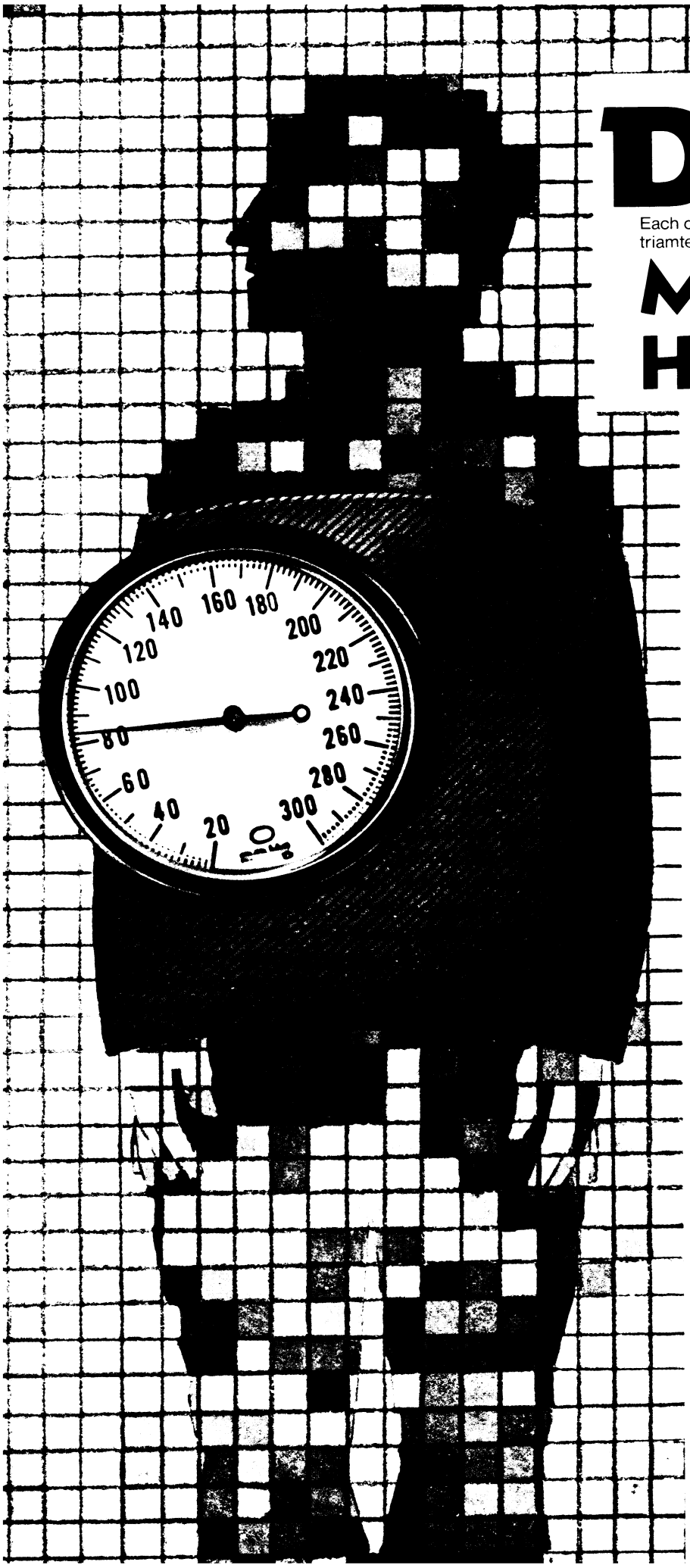


Keflex®
cephalexin

Lilly

Additional information available to the profession on request.
Eli Lilly and Company
Indianapolis, Indiana 46206

500738



Dyazide®

Each capsule contains 50 mg. of Dyrenium* (brand of triamterene) and 25 mg. of hydrochlorothiazide.

Makes Sense in Hypertension*

Before prescribing, see complete prescribing information in SK&F Co. literature or *PDR*. A brief summary follows:

* **Warning**
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K+ frequently; both can cause K+ retention and elevated serum K+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

SK&F CO.
a SmithKline company
Carolina, P.R. 00630

Accept no substitute for your professional judgment

As a physician, you have the right to prescribe the drug which you believe will most benefit your patients. Now, substitution laws make it more difficult to exercise that right. In many states, unless you specifically direct pharmacists to dispense your brand-name prescription as written, they may be required by law to substitute another drug for your brand-name prescription.

This means that the ultimate drug selection is no longer yours; its source is left to the pharmacist's discretion. You will have forfeited your right to prescribe as you see fit. Preserve your rights. Specify that you will accept no substitution.

When you accept no substitutes...

- You ensure that your patient receives exactly that product you have specified on your prescription
- You choose the quality of the product dispensed to your patient
- You can exercise the right to select a product based upon its proven therapeutic performance and to select a manufacturer that stands behind its brand name or generic product
- You can support the kinds of research programs that are vital to new drug discovery and development
- You can help sustain important physician, pharmacist and patient education services supported by innovative, research-oriented firms

For complete information on the drug substitution law effective in your state, please consult your local Pfizer Representative.

Pfizer PHARMACEUTICALS

We've been helping doctors operate for years.

It's always taken money to run a practice successfully.

And Bank of America has been around for years. Helping doctors with the money it takes to set up or expand their practices.

Take that new piece of equipment you need. Bank of America will try to help you obtain it. Office furniture, general remodeling. We can help.

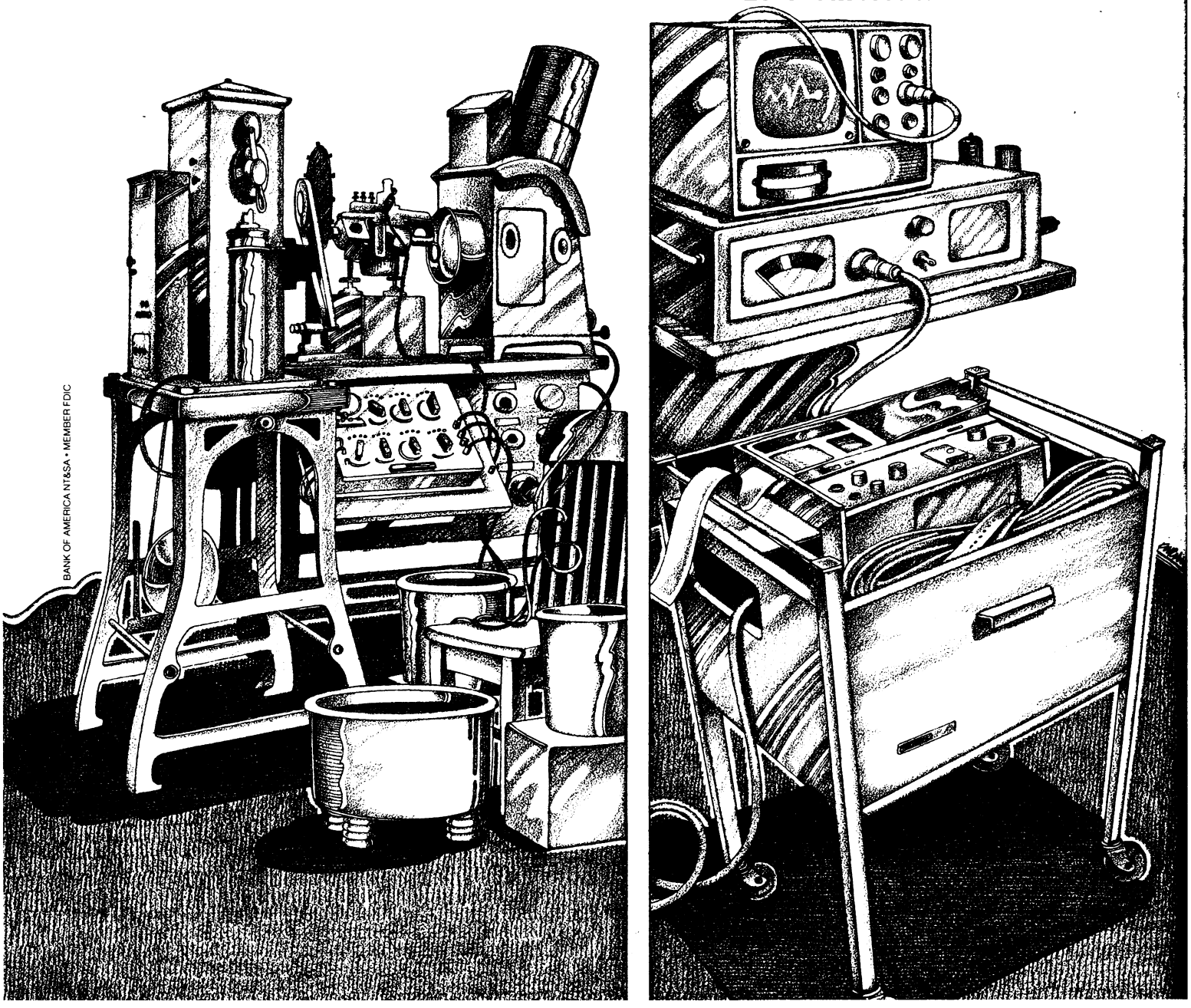
There are other important financial services at Bank of America. Like professional practice management, PersonaLine® credit, personal trust and investment services.

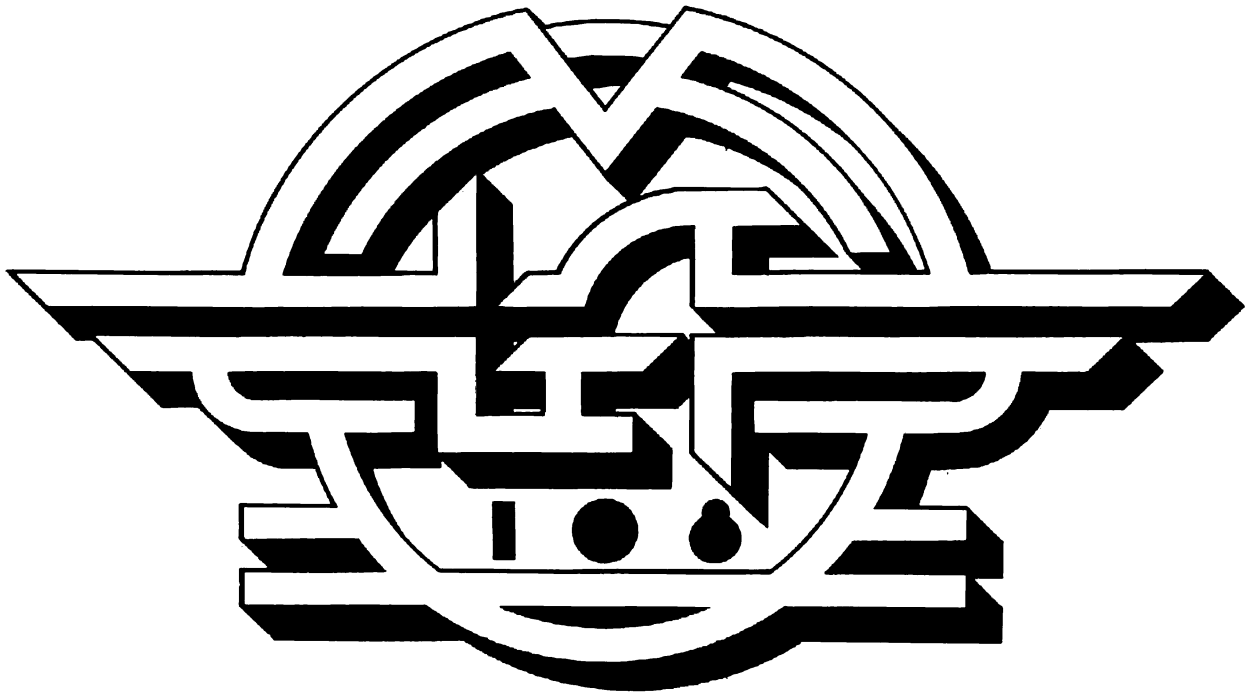
Call one of our loan officers for details.

If you or your growing practice could use a little shot in the arm.

BANK OF AMERICA

"Let's talk loans."





108TH ANNUAL SESSION
CALIFORNIA MEDICAL ASSOCIATION

LOS ANGELES BONAVENTURE • FIFTH & FIGUEROA

Friday, March 9

Eight scientific and educational sessions include: Seminars in Family Medicine; Anesthesia and the Cardiac Surgical Patient; Dying; Clinical Pediatrics; Adolescent Medicine; Stroke, and Clinical Obstetrics and Gynecology. The California Society of Internal Medicine cosponsors a 2-day program (Friday and Saturday) on socioeconomic, as well as clinical, topics relating to internists.

Saturday, March 10

A full schedule of outstanding conferences is slated. Among the topics are: Is There Life After Medical School, Asthma 1979, Iatrogenic Drugs, Imaging Modalities and Techniques, Rational Blood Infusion Therapy, Thyroid Cancer, The Paralyzed Face and Current Topics in Public Health and Psychiatry. The House of Delegates and exhibits open.

Sunday, March 11

Offers a choice of ten programs—Acute and Chronic Pain Control, Diagnosis and Management of Myofascial Pain, Update on Psychiatry, New Ideas in Urology and Related Matters, Expanding Dimensions in Plastic Surgery, Glaucoma Update, Drug Abuse: Distorter of Disease, Malignant Melanoma, Update on Coma and Diagnosis and Management of Seizure Disorder.

Monday, March 12

Social problems are addressed at courses on VD, abortion, holistic and humanistic medicine and impairment among physicians. Nuclear Medicine and Chest Diseases present a session on venous thrombosis and pulmonary embolism. Other programs on the agenda are CME Accreditation in California, Government and Medicine, and a Q&A session called "Dialogue." House of Delegates reconvenes. Auxiliary Convention begins.

Tuesday & Wednesday

House of Delegates continues.

Information

Plan to visit the exhibits and the CMA Service Center

Exhibition Hall • 9 a.m. to 5 p.m. • Saturday-Monday

General registration—Exhibition Hall Lobby

7:30 a.m. to 5 p.m. • Friday-Monday

All scientific and educational programs are acceptable for Category I Credit in the CMA Certification Program

For further information:

CMA Annual Session, 731 Market Street

San Francisco 94103 • (415) 777-2000

MARCH 9-14, 1979 LOS ANGELES

COMPATIBILITY

Does it influence your choice of a peripheral/cerebral vasodilator*?

- Vasodilan—compatible with coexisting diseases
- Vasodilan—compatible with concomitant therapy
- Vasodilan—compatible with your total regimen for vascular insufficiency

*Indications: Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.
Vasodilan injection, isoxsuprine HCl, 5 mg. per ml.

Dosage and Administration: Oral—10 to 20 mg., three or four times daily. Intramuscular—5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

Adverse Reactions: On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

Supplied: Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose. Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

U.S. Pat. No. 3,056,836

VASODILAN®

(ISOXSUPRINE HCl)

20-mg tablets

Mead Johnson PHARMACEUTICAL DIVISION

Forget about billing.

Bank of America's Professional Practice Management (PPM) is a computerized billing service for physicians that compiles, processes, stuffs and mails your statements in a fraction of the time it now takes you.

PPM also automatically prepares insurance forms. In addition, remittances from patients and/or insurance companies may be mailed directly to you or credited automatically to your bank account.

And PPM can give you daily reports listing the status of all accounts, while providing you with automatic bookkeeping, posting, statement preparation and remittance handling.

What's more, PPM presents you with a complete financial picture of your practice by reporting the number and types of patients treated, kinds of treatment and cost efficiency of the procedures. So you can make more accurate decisions about the future direction and profitability of your practice.

Find out more about how PPM can be tailored to fit your special needs and how you'll never have to be bothered by billing again.

BANK OF AMERICA

Business Services

For more information about Bank of America's Professional Practice Management, call Carol Whann (213) 683-3742 or Bruce Grenke (415) 622-7368. Or mail this coupon to Business Services Marketing #3127, 1407 Market Street, San Francisco, California 94103.

Name_____

Medical Offices_____

Street_____

City/State/Zip_____

1. Determine need

What is causing pain? How is it perceived by you and your patient?

2. Prescribe a rapid-acting agent

Select a readily-absorbed oral agent that usually acts within 15 to 30 minutes.

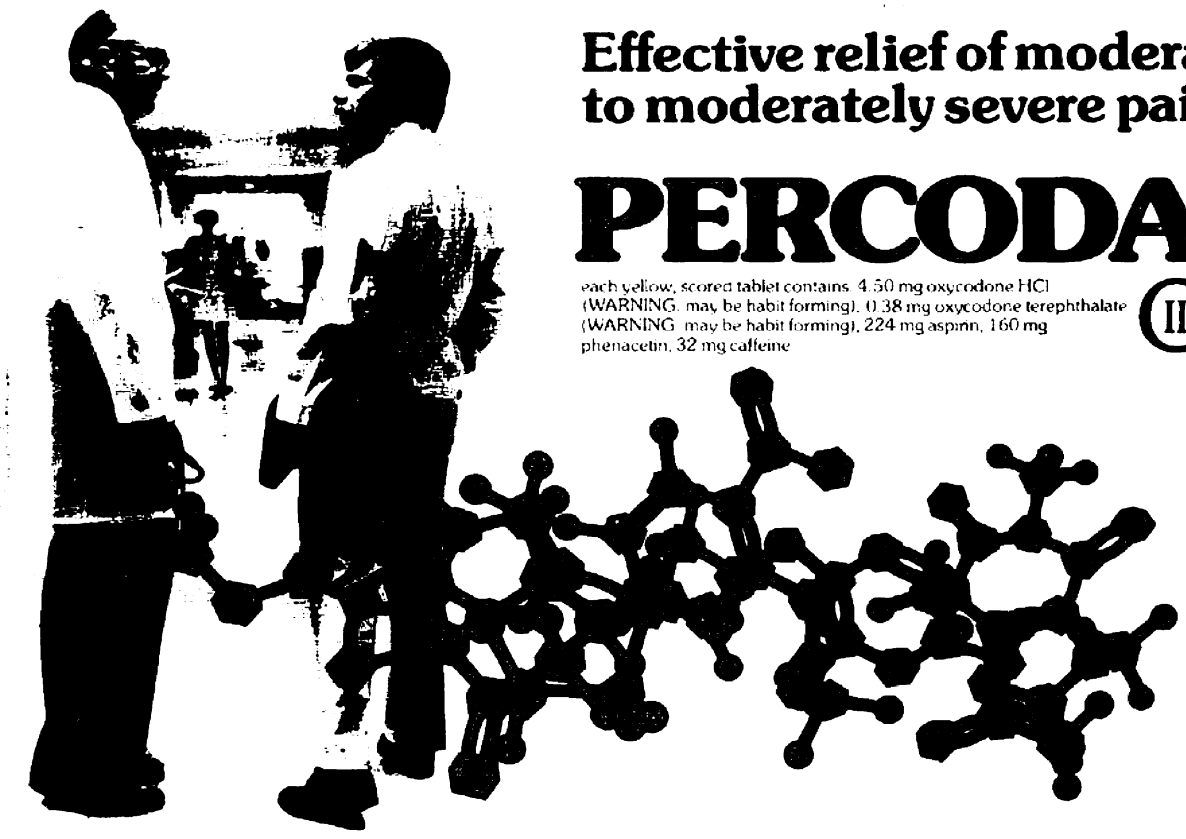
3. Minimize potential risk

Prescribe in limited quantities for selected patients.

Schedule II classification means no refills, no telephone Rx. Patients with persistent pain must return for your evaluation of analgesic needs.

4. Provide adequate analgesia with minimum doses

Consider PERCODAN® because patients rarely ask for increased dosage. PERCODAN® relief can last up to six hours–until time for next tablet.



Effective relief of moderate to moderately severe pain

Tablets

PERCODAN®

each yellow, scored tablet contains: 4.50 mg oxycodone HCl (WARNING: may be habit forming), 0.38 mg oxycodone terephthalate (WARNING: may be habit forming), 224 mg aspirin, 160 mg phenacetin, 32 mg caffeine

C II

PERCODAN® is a registered trademark of Endo Inc.

Please see facing page for Brief Summary of prescribing information.

Classified Advertisements

The rate for each insertion is $2.50 per line (average six words per line) with five line minimum.

Box number charge: $1.50 each month.

Classified display rates $25.00 per inch.

Copy for classified advertisements should be received not later than the fifth of the month preceding issue. • Classified advertisers using Box Numbers forbid the disclosure of their identity. Your inquiries in writing will be forwarded to Box Number advertisers. The right is reserved to reject or modify all classified advertising copy in conformity with the rules of the Advertising Committee.

CLASSIFIED ADVERTISEMENTS ARE PAYABLE IN ADVANCE

PHYSICIANS WANTED

OB/GYN SPECIALIST. Northern Calif. (Redding). Shasta General Hospital (fully accedited). Board certified or eligible. Active outpatient clinic and inpatient unit. 12 full time physician staff includes 2 OB/GYN. $43,000 yr. ($44,500 if board certified). Independent group practice arrangement under consideration. Excellent benefits include prepaid malpractice insurance. Contact Eugene Earl, MD, Medical Director, Shasta General Hospital, 2630 Hospital Lane, Redding, CA 96001, phone (916) 241-3232.

WANTED IMMEDIATELY: Preferably Board Certified Cardiologist for noninvasive cardiology practice in California. Reply Box 6001, The Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

THE UNIVERSITY OF IOWA COLLEGE OF MEDICINE, DEPARTMENT OF FAMILY PRACTICE has the following faculty positions open: (1) Physician Coordinator for Iowa's State Wide Affiliated Family Practice Residency Programs. Tasks will include: maintaining continuous liaison with Program Directors; responding to their needs in the area of educational tools; facilitating the exchange of information, faculty, residents, etc. among programs; and development of a methodology for regular program review. Eligibility for certification by the American Board of Family Practice is required. (2) Family Physician Educator to educate Family Practice Residents and medical students family medicine. Eligibility for certification by the American Board of Family Practice is required. (3) Director of the Williamsburg Family Practice Office. Tasks will include: the coordination of residents and medical students' educational experience in a model office, and management of the model office. Eligibility for certification by the American Board of Family Practice is required. Direct inquiries to: Robert E. Rakel, MD, Professor and Head, Department of Family Practice, University of Iowa, Iowa City, Iowa 52242. The University of Iowa is an equal opportunity and affirmative action employer.

PHYSICIANS WANTED

ORTHOPEDIC SURGEON needed for large Medical Group. Complete x-ray and lab facilities. Starting salary is $4,000 per month with increments to follow until eventual Partnership is reached. Free health and accident insurance. Malpractice and medical dues paid. Contact Mr. Feldman, 2675 E. Slauson Ave., Huntington Park, L.A. County, Calif. 90255. Phone (213) 589-6681.

WANTED: Univ. trained general surgeon needed to join 2 other general surgeons in 15 man clinic. Excellent qualifications req'd. Location: southern Idaho, near excellent outdoor recreation. Write Box 6003, Western Journal of Medicine, 731 Market St., San Francisco 94103.

BOARD CERTIFIED, Thoracic-Vascular Surgeon needed at VA Hospital, Livermore, CA. Ideal living, good climate and clean air. Malpractice insurance not needed. Position available at present. Salary dependent on experience and qualifications. Contact: Byron V. Whitney, MD, FACS, Chief, Surgical Services, VA Hospital, Livermore, CA. Tel (415) 447-2560, Ext. 213.

OB/GYN needed for large group in LA County. Complete x-ray and lab facilities. Starting salary is $4,000 per month w/increments to follow until eventual partnership is reached. Free health and accident insurance. Malpractice and medical dues paid. Contact Mr. Fine, 2675 E. Slauson Ave., Huntington Park, CA 90255. Phone (213) 589-6681.

ORTHOPEDIC SURGEON for group in LA County. Complete x-ray and lab facilities. Substantial salary leading to a partnership. Free health and accident insurance. Malpractice and medical dues paid. Contact Mr. Fine, 2675 E. Slauson Ave., Huntington Park, CA 90255. Phone: (213) 589-6681.

OPHTHALMOLOGIST needed for large medical group in LA County. Complete lab and x-ray facilities. Starting salary is $4,000 per month w/increments to follow until eventual partnership is reached. Free health and accident insurance. Malpractice and medical dues paid. Contact Mr. Fine, 2675 E. Slauson Ave., Huntington Park, CA 90255. Phone (213) 589-6681.

G.P. needed for large medical group in LA County. Complete x-ray and lab facilities. Starting salary is $4,000 per month w/increments to follow until eventual partnership is reached. Free health and accident insurance. Malpractice and medical dues paid. Contact Mr. Fine, 2675 E. Slauson Ave., Huntington Park, CA 90255. Phone (213) 589-6681.

PEDIATRICIAN needed for group in LA County. Complete x-ray and lab facilities. Starting salary is $4,000 per month w/increments to follow until eventual partnership is reached. Free health and accident insurance. Malpractice and medical dues paid. Contact Mr. Fine, 2675 E. Slauson Ave., Huntington Park, CA 90255. Phone (213) 589-6681.

PULMONARY MEDICINE GROUP—SAN DIEGO AREA seeks associate for practice that includes medical direction of pulmonary medicine departments as well as office and hospital consultations. Submit CV to Box 2771, La Mesa, CA 92041.

KERN COUNTY PUBLIC HEALTH DEPARTMENT has openings for qualified physicians with experience and current interest in communicable disease and MCH. Salary competitive with generous benefits. CA license required. Direct inquiries and curriculum vitae to Leon Hebertson, MD, Health Officer, Pub. Health Dept., P.O. Box 997, Bakersfield, CA 93302.

(Continued on Page 18)

(Continued from Page 17)

PHYSICIANS WANTED

CALIFORNIA-CENTRAL-PEDIATRICIAN wanted. Multi-Specialty group, individual practice. Association, salary, percentage negotiable. Near sailing, skiing, fishing, etc. 1½ hours to San Francisco. Send CV to D. Jack Names, MD, 1400 Florida Ave. St. 104, Modesto, CA 95350 (209) 521-1050.

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ASSOCIATE PHYSICIAN—$16.64/hr. Half-time. Medical care and follow-up of patients enrolled in Yolo Co.-UCD Hypertension Detection and Follow-up Program. Routine interpretation of ECGs and x-rays. Min Qual: legal requirements for practice of medicine in Calif. and 1 year practice exclusive of internship. Apply UC-Davis, Applicant Serv. Center, TB122, Davis 95616, M-F, 9-12 and 1-4 pm for Job Number 0371 open til filled. EEO/Affirm Act Plan/F-M Handicapped.

COUNTY HEALTH OFFICER—Starting salary range negotiable between $2,965 and $3,782 per month. Possession of a license to practice medicine in the state of Oregon and a Masters of Public Health Degree or equivalent of experience in the field of public health required. Apply with Douglas County Personnel, Courthouse, Rm 213, Roseburg, Oregon 97470. EOE

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PHYSICIAN II—OPENING IN STOCKTON, CA with agency serving the Developmentally Disabled. Possession of or ability to obtain a valid license to practice medicine in California issued by the State Board of Medical Examiners. In addition requires certification or eligibility for certification by a specialty board such as Pediatrics, Internal Medicine, etc., and 2 years of experience. Knowledge of practices and techniques in the medical care and treatment of the Developmentally Disabled. Responsible for medical evaluation, consultation and limited administrative aspects of the medical unit. Salary Range: $2,978-$3,617/mo. Excellent benefits. Filing Date: Position to remain opened until filled. Send résumé to: James T. Austin, Director, Valley Mountain Regional Center, 850 N. Hunter, Stockton, CA 95202. Affirmative Action/Equal Opportunity Employer.

IMMEDIATE OPENING FOR FAMILY PRACTITIONER to serve Indian people in rural Kings, Fresno and Madera Co., CA. Prevention oriented Indian health clinic located in E. Fresno Co. near beautiful Sierra Nevada Mtns. Five major hospitals in Fresno including Valley Med. Center and VA Hospital which are teaching units. Good benefits, e.g., prepaid malpractice and provision for continuing education. Contact: Central Valley Indian Health, Inc., 1629 Pollasky Ave., Clovis, CA 93612. Tel (209) 298-7501.

THE UNIVERSITY OF CALIFORNIA, IRVINE, is recruiting for a fellowship position in Renal Diseases Research. Completion of three years post-graduate training in Internal Medicine and eligibility for California State License are required. This didactic training program in Renal Diseases provides a comprehensive experience in the entire spectrum of Nephrology including dialysis and transplantation. Applications are invited from all qualified persons; minorities and women are encouraged to apply. Send curriculum vitae and three references to: N. D. Vaziri, Chief, Renal Division, Department of Medicine, University of California, Irvine, Medical Center, 101 City Drive South, Orange, CA 92668.

PHYSICIAN WANTED. Associate for board certified established solo Ob-Gyn practice in Sacramento Valley. Two hours from Lake Tahoe and/or San Francisco. Unusual opportunity in a unique setting, serving an area of about 200,000. Terms negotiable. Write Box 6016, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

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PHYSICIAN OPPORTUNITY—FAMILY PHYSICIANS—The Department of Family Practice, Southern Illinois University School of Medicine, is seeking Family Physicians with experience/interest in teaching to join its full-time faculty. The Department currently has 11 full-time MD faculty and is recruiting for 3 additional faculty. To express interest or obtain further details, contact William L. Stewart, MD, SIU Dept. of Family Practice, 421 N. Ninth, Springfield, IL 62702. Phone: (217) 782-0223. SIU is an equal opportunity/affirmative action employer.

RADIOLOGIST needed by hospital based group San Francisco Bay Area. Must have fellowship background in neuroradiology and experience with cranial CT, but be prepared to do general radiology and angiography. Excellent salary first year. Full corporate benefits second year. Corporate equity third year. Liberal vacation and education time. **Write to G. R. Hencky, MD, Box 487 Sta. A, Richmond, CA 94808.**

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ORTHOPEDIC SURGEON 50. Board certified. FACS and AAOS would like to relocate in California. Metropolitan areas preferred. University trained with academic background. Private position or academic. Reply Box 6012, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

OPHTHALMOLOGIST, Board Certified, 35; in active practice 4 years. Planning on relocating. Will consider all areas. Desire practice purchase, or solo, group or association. Box 6010, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

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DIAGNOSTIC RADIOLOGIST desires hospital position. Call Gerald S. Paltin, MD (213) 781-8513, or write Box 6015, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

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Acute Brain Injury

January 31-February 2, 1979, San Diego

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Contemporary Gynecologic Oncology for the Practitioner

March 14-16, 1979, San Diego

Principles of gynecologic oncology most applicable to the practicing physician will be reviewed. Concepts to be emphasized are practical diagnostic aids, proven staging procedures, pre- and post-operative care, useful surgical techniques, and current therapeutic concepts. Tuition: $175. Category I hours: 14.

Psychiatry for Non-Psychiatrists

March 26-28, 1979, San Diego

This course is designed primarily for non-psychiatric physicians who wish to increase their ability to recognize and treat psychiatric disorders and make proper referrals. Areas covered will be differential diagnosis in nonpsychiatric settings, the usual course of the disorder, and a brief overview of the treatments available and their assets and liabilities. Tuition: $210. Category I hours: 19.

Medical Management of EMS Systems

April 2-6, 1979, San Diego

This course is designed to give the practicing physician the management skills necessary to function effectively in the role of medical director of an emergency medical services system. It is specifically for the physician interested in EMS who is either already involved as a regional medical director or whose future career might include this role. Enrollment priority will be given to EMS system medical directors. Tuition: $120. Category I hours: 36.

Emergency Medicine: Postgraduate Institute for Emergency Physicians—1979

SYMPOSIUM I	SYMPOSIUM II	SYMPOSIUM III
January 22-26	March 19-23	February 12-16
May 14-18	August 13-17	June 25-29
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SYMPOSIA

A three-part symposia program has been designed to provide a complete survey of the academic knowledge necessary for the practice of emergency medicine. The lectures are coordinated to cover the area without omission or repetition. Each symposium is of five days' duration, but each is subdivided into two- and three-day modules in order to allow the course to be taken in smaller segments if desired. In addition, this allows physicians to attend only the areas in which they may need updating. Syllabus material is given to each participant. The tuition fee includes lunch each day of the symposium.

Symposium I covers medical emergencies; Symposium II covers surgical emergencies; and Symposium III covers the emergency aspects of the other specialty areas.

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Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

The effectiveness of Valium (diazepam) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

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Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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